

COUNTRY PROFILE: NEPAL

NEPAL COMMUNITY HEALTH PROGRAMS FEBRUARY 2014









Advancing Partners & Communities

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^{*} Adapted from the Health Care Improvement Project's Assessment and Improvement Matrix for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS acquired immunodeficiency syndrome

ARI acute respiratory infection

BCG Bacille Calmette-Guerin (vaccine for tuberculosis)

CB-IMCI Community Based Integrated Management of Childhood Illness Program

CB-NCP Community Based Neonatal Care Program

CHW community health worker

DD diarrheal disease

DPHO District Public Health Office

DPT diphtheria, pertussis, tetanus vaccine
EPI Expanded Program of Immunization

FAM fertility awareness methods

FCHV female community health volunteers/Female Community Health Volunteers Program

FP family planning

HFOMC Health Facility Operations Management Committee

HIV human immunodeficiency virus

HMIS health management information system

INGO international nongovernmental organization

IUD intrauterine device
JE Japanese encephalitis

MCHW maternal child health workers
MGH Mothers Group for Health

MOHP Ministry of Health and Population

NCBHP National Community-Based Health Programs

NGO nongovernmental organization

ORS oral rehydration solution
PPH postpartum hemorrhage
RHD Regional Health Directorate

SDM Standard Days Method

VDC village development committees

VHW village health workers

VSC voluntary surgical contraception

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)?

Please list all that you are aware of.

*If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program. Nepal provides services at the community level through seven programs under the Ministry of Health and Population (MOHP). These programs include:

- I. Female Community Health Volunteer Program (FCHV)
- Community Based Integrated Management of Childhood Illness (CB-IMCI) Program
- 3. Nutrition Program (Semiannual vitamin A and deworming tab supplementation, iron intensification program)
- 4. Family Planning (FP) Program
- Expanded Program of Immunization (EPI)
- 6. Community Based Neonatal Care Program (CB-NCP)
- 7. Safe Motherhood Program (prevention of postpartum hemorrhage) and Birth Preparedness Package

The implementation of these programs is further supported by the District Public Health Office and peripheral-level health facility staff. For the purposes of this assessment, health service delivery at the community level will be referred to as the **National Community-Based Health Programs (NCBHP)**.

2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	Health service delivery at the community level began as the National FCHV Program in 1988. There was a pilot program with male and female community health volunteers that was implemented by the MOHP for several years in selected districts before the model, with only females, was initiated in 1988. It is currently functioning nationwide (75 districts). At its inception the FCHV program incorporated the Family Planning, Safe Motherhood, and Immunization programs. Community-based distribution of misoprostol is currently being added to the Safe Motherhood Program and has been implemented in 32 districts. In 1995, the Community-Based Acute Respiratory Infections Program added community-based diagnosis and treatment of pneumonia into the FCHVs responsibilities and began expansion. This program then merged with a revitalization of the diarrheal disease (DD) program to become the Community-Based ARI and Control of Diarrheal Disease Program in 1997/8. All of the previous child health-related activities were merged into CB-IMCI in 2000. The NCBHP began implementing CB-IMCI Program activities in 2000 within three districts. These services expanded to nationwide coverage in 2010. In 1993, the program began implementing vitamin A program activities in 32 priority districts. This program began including deworming for children under five and was offered nationwide by 2002. Nutrition Program activities were incorporated into the NCBHP package in 2002 with iron intensification at the community level. These activities were scaled up in a phased approach and have been offered nationwide since 2012. The Community-based Newborn Care Program activities started in 2009 as a pilot in 10 districts and have scaled up to 39 districts to date. The Government of Nepal plans to scale up activities nationwide by 2015 (implementation is currently delayed due to revision of the basic curriculum following an assessment of the overall program). The Chlorhexidine Navi
3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is	Care Program, which promotes the use of chlorhexidine 7.1% w/v gel for umbilical cord care, was implemented in 2011 as an additional service of CB-NCP and is expanding along with it. It is currently operational in 42/75 districts. Overall, the NCBHP Program operates nationwide in both rural and peri-urban areas. However, the vitamin A Program activities are carried out in all geographic areas, including urban settings.
	there a focus on any particular region or setting? Please note specific districts/regions, if known.	
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future	The NCBHP operates nationwide. The FCHV, National vitamin A, CB-IMCI, Family Planning, and Nutrition Programs and activities are offered nationwide. The remaining programs are scaling up. To date, CB-NCP has been implemented in 39 districts of Nepal ¹ . The remaining 36 districts ² are planned to be included by 2015.

¹Dhankutta, Morang, Sankhuwasabha, Tehrathum, Taplejung, Udayapur, Saptari, Sunsari, Mahottari, Sarlahi, Rautahat, Bara, Parsa, Kavrepalanchwok, Chitawan, Lamjung, Nawalparasi, Palpa, Rupandehi, Myagdi, Kapilvastu, Arghakhanchi, Baglung, Dang, Pyuthan, Salyan, Banke, Dolpa, Bardiya, Dailekh, Jumla, Humla, Doti, Baitadi, Kailali, Kanchanpur, Dadeldhura, Bajhang, and Bajura

	implementation sites.	The inclusion of chlorhexidine to prevent umbilical infections in CB-NCP is implemented in 42 districts ³ . By the end of 2015, the full package of services will be expanded to 21 additional districts, totaling 63 out of the 75 districts nationwide. Lastly, the distribution of misoprostol at the community level through the Safe Motherhood Program is implemented in 32
		districts ⁴ (other services in this package are delivered nationwide). There are plans to scale up to all 75 districts, though a specific timeline is not known.
5	Please list the health services delivered by community health workers (CHWs ⁵) under this program. Are these services part of a defined package? Do these services vary by region?	The NCBHP Program provides services based on a defined package. These services are categorized by program and include: FCHV Program: Deliver health promotion activities for mothers and children Promote utilization of available health services and raise awareness of general health needs Provide limited services at the household and community level Communicate with communities through Mothers Group for Health (MGH), a community-wide meeting for all women of reproductive age
		 CB-IMCI Program: Pneumonia case management for children under five Diarrhea case management using zinc and oral rehydration solution (ORS) for children under five Referrals for fever, severe malnutrition and danger signs (e.g. blood in stool, dehydration, lethargic/unconscious, not able to drink or breastfeed, severe chest in-drawing etc.) Referrals for vaccinations (Bacille Calmette-Guerin for tuberculosis (BCG), diphtheria, pertussis, tetanus (DPT), measles, and Japanese encephalitis (JE))
		 CB-NCP: Promotion for antenatal care, institutional delivery, early and exclusive breastfeeding Postpartum visit on 3rd, 7th, and 28th days after delivery Management of neonatal infection (identify the signs of infection and initiate treatment with oral dispersible cotrimoxazole tablets and refer to health facility for gentamycin injection by higher-level health workers Management of birth asphyxia (stimulation, suction, and resuscitation using bag and mask). This activity is currently

²Bhojpur, Khotang, Solukhumbu, Okhaldhunga, Siraha, Jhapa, Ilam, Panchthar, Dhanusha, Sindhuli, Makwanpur, Dolakha, Ramechhap, Sindhupalchok, Rasuwa, Nuwakot, Dhading, Kathmandu, Lalitpur, Bhaktapur, Gorkha, Kaski, Tanahu, Syanja, Manang, Mustang, Gulmi, Parbat, Mugu, Kalikot, Rolpa, Rukum, Jajarkot, Surkhet, Achham, and Darchula

³Taplejung, Terathum, Dhankuta, Morang, Sankhuwasabha, Sunsari, Bhojpur, Khotang, Udayapur, Saptari, Kavrepalanchwok, Mahottari, Sarlahi, Rautahat, Bara, Parsa, Lamjung, Nawalparasi, Palpa, Rupendehi, Arghakhanchi, Kapilvastu, Myagdi, Baglung, Rolpa, Salyan, Pyuthan, Dang, Banke, Bardiya, Humla, Jumla, Dolpa, Dailekh, Bajhang, Bajura, Doti, Kailali, Darchula, Baitadi, Dadeldhura, and Kanchanpur

⁴Okhaldhunga, Khotang, Bhojpur, Sankhuwasabha, Ramechhap, Sindhuli, Nuwakot, Arghakhanchi, Kapilvastu, Baglung, Tanahu, Rolpa, Rukum, Salyan, Dang, Banke, Surkhet, Dailekh, Jajarkot, Dolpa, Jumla, Kalikot, Mugu, Humla, Bajura, Bajhang, Achham, Doti, Kailali, Dadeldhura, Baitadi, and Darchula

⁵ The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country appropriate terminology for community health workers is noted in the response column.

		under review by the MOHP. • Management of hypothermia by using skin-to-skin touch (Kangaroo Mother Care) • Management of low birth weight (weigh the newborn and counsel the family) • Counseling for essential newborn care • Distribution (eighth month of pregnancy) and counseling on use of chlorhexidine for umbilical cord care (in 42 districts) Nutrition Program: • Semiannual distribution of vitamin A for children ages 6 to 59 months • Deworming tablets distribution for children I to 5 years • Distribution of iron folic tablets to pregnant and postpartum mothers
		Family Planning Program: Counseling for birth spacing and family planning Distribution of certain contraceptives Referrals for long-acting and permanent methods
		Safe Motherhood Program: Promotion of antenatal care visits at health facilities Promotion of institutional delivery Referrals for pregnant and postpartum women who are having danger signs Distribution of misoprostol during the eighth month of pregnancy to women to prevent postpartum hemorrhage (PPH) (in 32 districts)
		 EPI Program: Referrals for child vaccination (BCG, DPT, measles, JE) Referrals for adolescent and married women of reproductive age for tetanus vaccination Advocacy and counseling for vaccinations
6	Are FP services included in the defined package, if one exists?	Yes, the NCBHP provides FP services.
7	Please list the FP services and methods delivered by CHWs.	As defined in the standard package, through the FP Program the NCBHP includes counseling for birth spacing methods, distribution of contraceptives, and referrals to appropriate health institutions for long-acting and permanent FP methods. Contraceptive methods distributed include condoms, oral pills, and injectables.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	Services are provided in a variety of locations including home, community location, and health facility. The location is dependent on the specific needs of the client, the service being delivered, and the cadre of community health worker providing the service.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the	There are three cadres of CHWs provid	ing services at the community level:		
	community level? If so, please list them by name and note hierarchy.	Female community health volunteers s are the main cadre providing services in the community. FCHVs provide health promotion activities for mothers and children (especially surrounding service utilization), provide treatment and commodity distribution, and lead mother's groups within their communities. They are considered the least-skilled informal health provider cadre by the MOHP. FCHVs are supervised by village health workers (VHW)/MCHWs.			
		Village health workers are paid health workers who provide immunization and outreach services within the catchment areas of health facilities/village development committees (VDCs). VHWs also provide FP and basic treatment services out of the health facility. In addition, VHWs supervise FCHVs. VHWs work out of primary health care centers, health posts, and/or sub-health posts. They are considered the least-skilled level of formal health providers.			
		Maternal child health workers (MCHW) are also paid health workers who provide immunization and outreach services within the catchment areas of health facilities/VDCs. MCHWs provide the same FP and basic treatment services as VHWs, as well as antenatal and postnatal care and skilled deliveries at the health facility. MCHWs also supervise FCHVs. Unlike VHWs, MCHWs only work out of sub-health posts, which are the lowest level health facility. They, along with VHWs, are considered the least-skilled level of formal health providers.			
		Both VHWs and MCHWs are being phased out and replace by auxiliary health workers and auxiliary nurse midwives, respectively. These cadres receive more training and provide more skilled services. Nepal is moving towards a more professional workforce; these workers are not considered CHWs by the Government of Nepal.			
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?		re. VHW and MCHWs have a higher level se FCHV cadre, tasks vary by location. Urb		
-11	Total number of CHWs in program?	FCHV	VHW	MCHW	
	Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.	There are currently 52,000 FCHVs working in the country.	Official records show that there are currently 4,013 VHWs working in Nepal. However, there may be less as VHWs are being slowly phased out as a cadre and vacant positions are not filled after current VHWs leave. These vacant positions are filled by auxiliary health workers. Some VHWs have also been promoted to auxiliary health workers.	Official records show that there are 3,129 MCHWs in Nepal. However, this number may be less as MCHWs are slowly being phased out as a cadre; their positions are being filled by auxiliary nurse midwives.	

12	Criteria for CHWs (e.g. age, gender, education level, etc.)? Please break this down by cadre, if known.	FCHV FCHVs must be selected by the MGH of her ward. All FCHVs should be chosen based on the same criteria	VHW VHWs must have a minimum of a Grande 10 education and complete three months of additional VHW	MCHW MCHWs must be residents of the community, married women, have a minimum of a Grade 8 education, and
		including: must be a permanent resident of the related ward; interested to work as an FCHV for at least 10 years; between 25-45 years old; expressed commitment to the community; and lack of involvement in any political party or government job. Additionally, preference is given to women who are married with three or less children; women from Dalit, <i>Janjati</i> , and/or other marginalized groups; and women who can read and write.	training.	complete three months of additional MCHW training.
13	How are the CHWs trained? Please note the length, frequency, and	FCHV	VHW	мснw
	requirements of training. Please break this down by cadre, if known.	FCHVs receive an initial 18-day basic training on FP/MNCH services at their associated health facility. This is broken down into two separate nineday training sessions. This training covers all programs implemented nationwide (FP, CB-IMCI, nutrition, safe motherhood, and EPI). The trainers are usually the staff of the associated health facility. FCHVs working in districts where CB-NCP is implemented also receive seven-day training on this package of services.	VHWs receive a three-month basic course on FP/MNCH services immediately after entering the service. In districts where CB-NCP is implemented, VHWs also receive a five-day training on this package. They also get refresher training as required.	MCHWs receive a three-month basic course on FP/MNCH services immediately after entering the service. In districts where CB-NCP is implemented, MCHWs also receive a five-day training on this package. They also get refresher training as required.
		In addition to the basic training, FCHVs attend a two-day refresher meeting/training semiannually and other service-specific trainings.		

14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	FCHV FCHVs receive a comprehensive training for the activities provided countrywide. Additional trainings may be organized by the local health facility. Trainings are focused on hands-on training to build up their skills and knowledge.	VHW VHWs receive a comprehensive training at once. Additional program specific trainings may be organized by the District Health Office in coordination with regional training center or health divisions. Trainings are focused on hands-on training to build up their skills and knowledge.	MCHW MCHWs receive a comprehensive training at once. Additional programspecific trainings may be organized by the District Health Office in coordination with regional training center or health divisions. Trainings are focused on hands-on training to build up their skills and knowledge.
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	FCHV FCHVs distribute health commodities for childhood illnesses, FP, antenatal care and maternal health; and provide health promotion for FP, antenatal care, delivery, postnatal care, diarrhea, pneumonia, and some infectious diseases. Health promotion activities are conducted through the MGH. Each FCHV leads the MGH made up of the women of reproductive age in the FCHV's ward. During these monthly meetings, FCHVs provide information and education and lead skills-building activities for women to learn and practice healthy lifestyles.	VHW VHWs deliver basic first aid services, immunizations, and commodities for the management of diarrhea, pneumonia, FP, and some infectious diseases. In addition, VHWs supervise and provide support to the FCHVs in all the health areas implemented by FCHVs. VHWs also provide information and education for FP, child health, maternal health, nutrition, respiratory infections, antenatal, and postnatal care.	MCHW MCHWs deliver basic first aid services, antenatal care, postnatal care and delivery services. MCHWs also provide commodities for the management of diarrhea, pneumonia, FP, and some infectious diseases. In addition, MCHWs also supervise and provide support to the FCHVs in all the health areas implemented by FCHVs. MCHWs provide information and education for FP, child health, maternal health, nutrition, and respiratory infections.

		FCHV		VHW		мснw
Information education	Information/ education	intrauterine devices injectables, implants	(IUDs), , and	Condoms, oral pills, IUDs, injectables, implants, and permanent methods		Condoms, oral pills, IUDs, injectables, implants, and permanent methods
	Method counseling	injectables, implants	, and	Condoms, oral pills, IUDs, injectables, implants, and permanent methods		Condoms, oral pills, IUDs, injectables, implants, and permanent methods
	Method provision	months of oral pills	(clients	Condoms, oral pills (all dos and injectables	ses),	Condoms, oral pills (all doses), and injectables
	Referrals	pills for first dose, a	nd nd	IUDs, implants, and permanenthods	nent	IUDs, implants, and permanent methods
Do CHWs distribute commodities in	FCHV		VHW		MCF	·W
their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products?	FCHVs distribute cotrimoxazole to treat pneumonia; zinc and ORS to treat diarrhea in children under five; vitamin A provision to children ages 6-59 months semi-annually, and to mothers 45 days after delivery; albendazole to children ages one to five years and pregnant mothers; condoms and oral pills (refill months only) for FP; and iron tablets to pregnant and postpartum mothers. They also provide cotrimoxazole for neonatal sepsis cases and refer to the VHW/MCHW for gentamicin injections. In addition, FCHVs provide chlorhexidine during the eighth month		and gentami neonatal info treat childho ORS to trea under five; c injectables fo	cin injection to treat ections; cotrimoxazole to cod pneumonia; zinc and at diarrhea in children condoms, oral pills, and or FP; and iron tablets to	tablet treat cotrir childh treat conde FP; ar	Ws provide cotrimoxazole ts and gentamicin injections to neonatal infections; moxazole tablets to treat nood pneumonia; zinc and ORS to diarrhea in children under five; oms, oral pills, and injectables for no iron tablets to pregnant and partum women.
	their communities (i.e. zinc tablets, FP methods, etc.)? Which	method counseling Method counseling Method provision Referrals FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? 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Which provision (i.e. zinc tablets, FP methods,	Information/ education Information/ education Method counseling Method counseling Method provision Condoms, oral pills, injectables, implants permanent methods Method provision Condoms and subsessements of oral pills must receive initial a sub-health post) Referrals IUDs, injectables, implants permanent methods Referrals IUDs, injectables, impills for first dose, a permanent methods FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute cotrimoxazole to treat pneumonia; zinc and ORS to treat diarrhea in children under five; vitamin A provision to children ages 6-59 months semi-annually, and to mothers 45 days after delivery; albendazole to children ages one to five years and pregnant mothers; condoms and oral pills (refill months only) for FP; and iron tablets to pregnant and postpartum mothers. They also provide cotrimoxazole for neonatal sepsis cases and refer to the VHW/MCHW for gentamicin injections. In addition, FCHVs provide	Information/ education Condoms, oral pills, intrauterine devices (IUDs), injectables, implants, and permanent methods Method counseling Condoms, oral pills, IUDs, injectables, implants, and permanent methods Method provision Condoms and subsequent months of oral pills (clients must receive initial dose at the sub-health post) Referrals IUDs, injectables, implants, oral pills for first dose, and permanent methods FCHV FCHVs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? FCHV FCHVs distribute cotrimoxazole to treat diarrhea in children under five; vitamin A provision to children ages 6-59 months semi-annually, and to mothers 45 days after delivery; albendazole to children ages one to five years and pregnant mothers; condoms and oral pills (refill months only) for FP; and irron tablets to pregnant and postpartum mothers. They also provide cotrimoxazole for neonatal sepsis cases and refer to the VHW/MCHW for gentamicin injections. In addition, FCHVs provide	Information/ education Information/ education Information/ education Information/ education Method counseling Method counseling Method provision Referrals IUDs, injectables, implants, and permanent methods Method provision Referrals IUDs, injectables, implants, oral pills (clients must receive initial dose at the sub-health post) Referrals IUDs, injectables, implants, oral pills (clients must receive initial dose at the sub-health post) Referrals IUDs, injectables, implants, oral pills (of lents must receive initial dose at the sub-health post) Referrals IUDs, injectables, implants, oral pills (of lents must receive initial dose at the sub-health post) IUDs, implants, and permanent methods PCHV FCHVs distribute cotrimoxazole to treat diarrhea in children under five; vitamin A provision to children ages 6-59 months semi-annually, and to mothers 45 days after delivery; albendazole to children ages one to five years and pregnant mothers; condoms and oral pills (frefill months) for FP; and iron tablets to pregnant and postpartum mothers. They also provide cotrimoxazole for neonatal sepsis cases and refer to the VHW/MCHW for gentamicin injections. Corndoms, oral pills, and injectables for FP; and iron tablets to pregnant and postpartum women.	Information / education Condoms, oral pills, intrauterine devices (IUDs), injectables, implants, and permanent methods

		and misoprostol for PPH to mothers delivering at home in certain districts.		
18	Are CHWs paid, are incentives provided, or are they volunteers? Please differentiate by cadre, as applicable.	FCHV FCHVs are volunteers and therefore are not paid. During training and review monitoring meetings, FCHVs receive small allowances of Nepali Rs. 200 per day (U.S.\$2.50) as an incentive. They also receive the same incentive when they work for the semiannual vitamin A distribution campaign or National Immunization Day. The MOHP also provides a saree with the program logo to all FCHVs. Some VDCs provide a small stipend (Nepali Rs. 300/U.S.\$3.01 per month) to their FCHVs as recognition and appreciation for their work. Some also provide a saree annually. Additionally, through the CB-NCP initiative, some FCHVs receive monetary incentives based on their performance. FCHVS can receive a maximum of Nepali Rs. 400 per case (U.S.\$5.00). In order to receive the incentive, an FCHV must register pregnant women, counsel for antenatal care, promote institutional delivery, be present during delivery, and provide postpartum follow-up on the 3 rd , 7 th , and 28 th days post-birth.	VHWs are paid employees of the MOHP. A VHWs salary is around Nepali Rs. 14,000 per month (U.S.\$140).	MCHWs are paid employees of the MOHP. A MCHWs salary is around Nepali Rs. 14,000 per month (U.S.\$140).

19	Who is responsible for these incentives (MOHP, NGO, municipality, combination)?	FCHV The MOHP is fully responsible to provide incentives to FCHVs. However, sometimes local government also provides some incentives.	VHW The MOHP is fully responsible for paying VHWs.	MCHW The MOHP is fully responsible for paying MCHWs.
20	Do CHWs work in urban and/or rural areas?	FCHV FCHVs work in both rural and urban areas. However, the majority of FCHVs provide services in rural areas. FCHVs working in urban areas only distribute vitamin A through the Nutrition Program.	VHW VHWs are placed in sub-health posts, health posts, or primary health care centers in rural or peri-urban areas.	MCHW MCHWs work in the sub-heath posts, which are in rural and peri-urban areas.
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	FCHV Yes, FCHVs must be a resident of their community in order to be selected for the role.	VHW VHWs are not required to be a resident of the community in which they work.	MCHW Yes, MCHWs must be a resident of the sub-health post catchment area in which they work.
22	Describe the geographic coverage/catchment area for each CHW.	There are two types of FCHVs: wardbased or population-based. A ward is the smallest political unit, and is at the community/village level. If a ward is served by ward-based FCHV, there is at least one FCHV, and each wardbased FCHV serves approximately 150-500 people. In 28 districts, there are population-based FCHVs. The catchment area for population-based FCHVs is dependent on the geography of the community. In mountain districts, one FCHV serves 150 people. In hill districts, one FCHV serves 250 people. Lastly in <i>terai</i> or plain districts, one FCHV serves 500 people.	VHWs serve a VDC area. Each VDC is made up of an average of nine wards. Population and geographic area of VDCs vary widely.	MCHW MCHWs serve VDCs areas that have a sub-health post. Population and geographic area of VDCs vary widely.

23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	FCHV FCHVs most often serve clients out of their own homes. FCHVs walk or use public transportation for postnatal visits, campaigns, and immunizations. Some FCHVs in the flatland may use a personal bicycle.	VHW VHWs most often serve clients from a health facility. For outreach-specific activities, such as immunization days or FCHV monitoring visits, they use public transportation or a personal bicycle to reach the communities or clients.	MCHW MCHWs most often serve clients from a sub-health post. For outreach-specific activities, such as FCHV monitoring visits, antenatal and postnatal visits, and deliveries, MCHWs walk or use public transportation.
24	Describe the CHW role in data collection and monitoring.	FCHV FCHVs keep records of their performance in a pictorial ward register and program-focused pictorial registers; these forms are called HMIS 27. Every month they submit their performance report to VHW/MCHWs or the health facility where the data is entered into the health management information system (HMIS). Additionally, FCHVs must submit an annual report to the local health institution where their supervisor works and to the MGH they lead.	VHW VHWs report on their own activities and the performance of the FCHVs they supervise. Data is compiled and collected on the HMIS 31 form and submitted to the health facility.	MCHW MCHWs report on their own activities and the performance of the FCHVs they supervise. Data is compiled and collected on the HMIS 31 form and submitted to the health facility. In addition, MCHWs also manage maternal health registers in the subhealth posts.

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	The NCBHP has a semi-decentralized management system. Policy is made at the central level while implementation and management occurs at the district and village levels. The political levels are: • MOHP – Department of Health Services • Regional Health Directorate (RHD) • District Public Health Office (DPHO) • VDC • Ward/Health Facility Operations Management Committee (HFOMC) The health delivery points are: • District hospital (district level) • Primary health care center and health post (between district and VDC level) • Sub-health post (VDC level) • FCHVs (ward level)	
26	Is the MOHP responsible for the program, overall?	Yes, the MOHP is responsible for community-level health services. However, the HFOMC and the VDC are also responsible for monitoring and supervising community-based programs and mobilizing local resources in their localities.	
27	What level of responsibility do regional, state, or local governments have for the program, if any? Please note responsibility by level of municipality.	Program planning and overall oversight occurs at the central level by the MOHP. At the regional level, the RHD provides support for program supervision and monitoring. The majority of program supervision and implementation occurs at the district and local levels. At the district level, the DPHO in each district has full responsibility of implementing and monitoring the community-based activities based on MOHP policies. At the local level, the local government (made up of the HFOMCs and the VDCs) monitor and supervise the community activities and mobilize local resources for use by the NCBHP. In addition to these vertical levels, a new division has been established at the central level to better coordinate the activities between the central and municipality levels. The Primary Health Care Revitalization Division under the Department of Health Services works with each municipality to ensure coordinated implementation of health activities.	
28	What level of responsibility do international and local NGOs have for the program, if any?	There are different international nongovernmental organizations (INGOs) that have their own working districts to implement their community-based health activities. These activities are generally centered on the services that are not implemented nationwide. Before the beginning of the fiscal year, INGOs make a plan for the upcoming year and implement the program in coordination with the central level divisions of the MOHP and the DPHOs, accordingly. Local NGOs support INGOs in their program implementation.	

29	Are CHWs linked to the health system? Please describe the mechanism.	Yes, FCHVs, VHWs, and MCHWs are linked with the health system. FCHVs must report to the health facility every month to replenish their supply of commodities, submit their reports, and meet with their supervisors. VHWs and MCHWs are paid employees of the MOHP, and considered the lowest level formal provider of the health system. FCHVs', VHWs', and MCHWs' performance reports are included in the district HMIS, and they are trained by DPHO and health facilities.							
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with INGO/NGOs? If so, please describe how they share supervision responsibilities.	VHWs and MCHWs supervise FCHVS. The health facility manager supervises the VHWs/MCHWs; the specific title may differ based on the type of health facility (sub-health post, health post, or primary health care facility). Supervision occurs monthly. During supervision, VHWs and MCHWs use supervision checklists; each program has its own checklist. This regular schedule and the use of checklists for supervision are not implemented across all wards. In districts where INGOs/NGOs are implementing additional services, DPHO staff and INGO/NGOs jointly make implementation and supervision plans. National-level supervision data is shared with all INGO/NGOs working across the country. Accordingly, INGO/NGOs share supervision data with the national level.							
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	Based on the severity, FCHVs, VHWs, and MCHWs refer clients to the sub-health, health post, or primary health care center and district hospital.							
32	Where do CHWs refer clients specifically for FP services?		FCHV	VHW	MCHW				
	Please note by method.	Standard Days Method/fertility awareness methods (SDM/FAM)	Not applicable	Not applicable	Not applicable				
		Condoms	Not applicable	Not applicable	Not applicable				
	Oral pills		FCHVs refer first-time users to a health facility to ensure the woman is not pregnant. Then FCHVs can provide pills to clients.	Not applicable	Not applicable				
		Injectables	Sub-health posts and primary health care center or health post	Not applicable	Not applicable				
		Implants	Primary health care center,	Primary health care center,	Primary health care center,				

			health post, or district hospital	health post, or district hospital	health post, or district hospital				
		IUDs	Primary health care center, health post, or district hospital	Primary health care center, health post, or district hospital	Primary health care center, health post, or district hospital				
		Permanent methods	District hospital or seasonal voluntary surgical contraception (VSC) camp	District hospital or seasonal VSC camp	District hospital or seasonal VSC camp				
		Emergency contraceptives	Not applicable	Not applicable	Not applicable				
33	Are CHWs linked to other community outreach programs?	FCHVs are the main outreach program in Nepal; they work in various capacities to provide outreach and information education on a variety of topics at the community level.							
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Monthly meetings and semiannual-review refresher meetings with supervisors are opportunities to share and update the knowledge and skills between FCHVs and supervisors. In addition, FCHVs gain additional knowledge and skills during monitoring visits conducted by VHW/MCHWs or other health facility staff. INGO partners also carry out monitoring visits to the FCHVs in districts where they are working. VHWs and MCHWs have a monthly meeting with health facility managers to review monthly progress. This provides opportunities for VHW/MCHWs to share and update their knowledge and skills. INGO partners also carry out monitoring visits to the health facilities in districts where they are working.							
35	What links exist to other institutions (schools, churches, associations, etc.)?	FCHVs, VHWs, and MCHWs do not have linkages with schools, churches, and other associations. However, all cadres work with each ward's MGH to conduct/supervise monthly meetings.							
36	Do vertical programs have separate CHWs or "share/integrated"?	The NCBHP provides integrated health services at the community level, across seven community health programs.							
37	Do they have data collection/reporting systems?	Yes, the NCBHP collects regular data for services provided by both FCHVs and VHW/MCHWs. FCHVs have standard data recording tools, the HMIS 27 or ward register. VHWs and MCHWs record their performance and aggregate the activities of the FCHVs they supervise in the HMIS 31 form. This data is aggregated at the central level. All forms are submitted to the national HMIS.							

38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	The NCBHP is funded by the MOHP budget and donor/INGO funds. MOHP staff and donor partners together create an annual finance plan. Most of the program budget is released to the DPHO by the MOHP. Donor/INGO funding can also be used by INGO partners in coordination with the DPHO. The MOHP has created an FCHV fund at the VDC level. All FCHVs in the VDC are eligible to borrow money from this fund and it is the FCHVs themselves who have signatory authority on the bank account and decision-making power. The average amount of money in these funds is about Nepali Rs. 100,000 (U.S.\$1,004) but varies as some INGOs/NGOs may also contribute to this fund when they are working in a particular district. The availability of this fund is another form of incentive for the FCHVs. Some activities and corresponding budgets are kept at the central level and are executed by the central-level program divisions. These activities include master training of trainers, workshops, seminars, and procurement of drugs and equipment for the program.
3	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	FCHVs access supplies a variety of ways including during monthly meetings at the health facility; during semiannual review and refresher meetings at the health facility; directly from VHWs and/or MCHWs during their monitoring visits; and directly from the health facility during specified office hours. VHWs and MCHWs access supplies from the sub-health post or other facility where they work.
4	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	FCHVs are taught how to dispose of medical waste during their training. Most waste is burned; expired drugs, broken timers, or other tools are taken to the health facility for incineration. FCHVs do not administer injections. VHWs and MCHWs burn medical waste, including injection waste, in the incinerator at the facility where they work. Sharps boxes are provided at the facilities by the MOHP.

V. POLICIES

policy? If not, is one underway or under discussion? Please provide a link if available online. Please provide a link if available online. The community-specific policies include: The Pemale Community Health Volunteers Strategy 2010 The Operational Guidelines for the Community Based Integrated Management of Childhood Illness Programs Additionally, responsibilities of VHWs and MCHWs are dictated through MOHP documents. There is no formal phowever, the MOHP has published job responsibilities for all health staff, including VHW/MCHWs in 1997. The national health policy, the Nepal Health Sector Program - Implementation Plan II (NHSP-IP2) 2010-2015, incorporal line health services provided at the community level. Additionally, the Family Planning Services National Work Policy 2011/12, the National Nutrition Policy and Strategy 2 and the National Safe Motherhood and Newborn Health Long Term Plan 2006-2017, provide guidance on the implementation of community-level services for the FP, Nutrition, and Safe Motherhood programs in the NCBHP. When was the last time the community health policy was updated? (moth Shears?) The National Health Sector Program Implementation Plan II was last updated in 2010. The FCHV Strategy was last updated in 2010. The Family Planning Services National Work Policy was last updated. The National Health Sector Program Implementation Plan II was last updated in 2010. The FCHV Strategy was last updated in 2010. The Family Planning Services National Work Policy was last updated.			
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The Operational Guidelines for the Community Based Integrated Management of Childhood Illness Program 2064 BS (2007) The Community Based Neonatal Care Package Guidelines (currently under revision) Additionally, responsibilities of VHWs and MCHWs are dictated through MOHP documents. There is no formal phowever, the MOHP has published job responsibilities for all health staff, including VHW/MCHWs in 1997. The national health policy, the Nepal Health Sector Program - Implementation Plan II (NHSP-IP2) 2010-2015, incorporal lealth policy? The national health policy, the Nepal Health Sector Program - Implementation Plan II (NHSP-IP2) 2010-2015, incorporal lealth note implementation of community level. Additionally, the Family Planning Services National Work Policy 2011/12, the National Nutrition Policy and Strategy 2 and the National Safe Motherhood and Newborn Health Long Term Plan 2006-2017 provide guidance on the implementation of community-level services for the FP, Nutrition, and Safe Motherhood programs in the NCBHP. The National Health Sector Program Implementation Plan II was last updated in 2010. The FCHV Strategy was last updated in 2010. The Family Planning Services National Work Policy was last updated. The FCHV Strategy was last updated in 2010. The Family Planning Services National Work Policy was last updated.		Please provide a link if available online.	The community-specific policies include:
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program policy was last updated in 2006. The guidelines for the Community Based Integrated Management of	43	health policy was updated?	The FCHV Strategy was last updated in 2010. The Family Planning Services National Work Policy was last updated in 2011. The Nutrition program policy was last updated in 2004, and is currently being revised. The Safe Motherhood program policy was last updated in 2006. The guidelines for the Community Based Integrated Management of Childhood Illnesses Program were last updated in 2007. The Community-Based Newborn Care Package was prepared
What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?) The NCBHP is implemented nationwide. However, certain programs within the NCBHP are still scaling up and therefore do not have a nationwide reach at this time. There is intention to scale up all community health program nationwide.	44	the program, according to the policy?	therefore do not have a nationwide reach at this time. There is intention to scale up all community health programs
	45		The FCHV Strategy dictates the role of FCHVs, including which programs they can provide services for. The strategy also states that FCHVs can be used for additional health interventions, but approval for these activities must come from the MOHP.
The job descriptions for VHWs and MCHWs dictate the full scope of their roles.			The job descriptions for VHWs and MCHWs dictate the full scope of their roles.

Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?

Yes, the Family Planning Services – National Work Policy 2011/12 (in Nepali) outlines all FP activities at the community level. The policy (reiterated by the FCHV strategy and the job descriptions of VHWs and MCHWs) states that FCHVs are only allowed to distribute condoms and oral pills; they are not allowed to provide injectable contraceptives. The policy also states that VHWs and MCHWs are allowed to distribute condoms and oral pills, and administer injectable contraceptives at the health facility and outreach clinics.

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VII. AT-A-GLANCE GUIDE TO NEPAL COMMUNITY HEALTH SERVICE PROVISION

Intervention	Female Community Health Volunteer				Village Health Worker			Maternal Child Health Worker					
Family Planning	Services/Products	Information/ education	Counseling	Administere d and/or provided product	Referral	Information/ education	Counseling	Administere d and/or provided product	Referral	Information/ education	Counseling	Administere d and/or provided product	Referral
	SDM/FAM												
	Condoms	Х	Х	Х		Х	Х	Х		Х	Х	Х	
	Oral pills	Х	Х	х		Х	Х	Х		Х	х	Х	
	Intramuscular Depo-Provera	×	×		×	×	×	x		х	х	х	
	Implants	×	х		Х	×	Х		Х	Х	Х		х
	IUDs	Х	х		х	Х	х		Х	Х	Х		х
	Permanent methods	×	×		×	×	x		×	x	×		×
	Emergency contraception												
HIV/AIDS	Voluntary counseling and testing												
	Prevention of mother-to-child transmission (of HIV)	х	х		х	×	Х		х	х	х		×

Nutrition	Infant and young child feeding	Х	х		Refer for severe malnutritio n cases	х	х		Refer for severe malnutritio n cases	х	х		Refer for severe malnutritio n cases
	Vitamin A supplementation 6 -59 months children	Х	Х	Х									
	Deworming tablets supplementation 12-59 months children	×	×	×									
Maternal and child	Misoprostol (for PPH)	×	×	×						×	×	×	
health	Zinc	Х	х	Х		Х	Х	Х		Х	х	Х	
	ORS	Х	х	Х		х	Х	х		×	х	х	
	Immunizations	Х	х		х	х	Х	х		×	х	х	
	Chlorhexidine	Х	х	Х						×	х	х	
Prevention of anemia	Iron foliate tab for pregnant and postpartum mother	х	х	х		х	х	×		х	Х	х	
Malaria	Bed nets	Х	Х			Х	Х			Х	Х		
	Indoor residual spraying												
	Sulphadoxine- pyrimethamine (for treatment of uncomplicated malaria)												

Pneumonia Treatment (<5)	Cotrimoxazole P tablet	Х	×	Х		×	Х	X	Х	×	X	
Neonatal Infections	Cotrimoxazole P tablet	×	×	×		×	×	×	×	×	×	
(Mgt. of Sepsis)	Gentamycine injection	×	×		×	×	×	×	х	х	×	

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